

**Fill in this information to identify the case:**

Debtor name **Salem Services Group, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) **16-30919**

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 30, 2016**

**X /s/ Gary Moore**

Signature of individual signing on behalf of debtor

**Gary Moore**

Printed name

**Managing Member**

Position or relationship to debtor

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Case number (if known) **16-30919**

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**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

|   |                     |
|---|---------------------|
| 1a. <b>Real property:</b><br>Copy line 88 from <i>Schedule A/B</i> .....            | \$ <b>0.00</b>      |
| 1b. <b>Total personal property:</b><br>Copy line 91A from <i>Schedule A/B</i> ..... | \$ <b>29,966.08</b> |
| 1c. <b>Total of all property:</b><br>Copy line 92 from <i>Schedule A/B</i> .....    | \$ <b>29,966.08</b> |

**Part 2: Summary of Liabilities**

|  |                         |
|--|-------------------------|
| 2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D)<br>Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> ..... | \$ <b>366,337.78</b>    |
| 3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)   |                         |
| 3a. <b>Total claim amounts of priority unsecured claims:</b><br>Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....  | \$ <b>4,697.26</b>      |
| 3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b><br>Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....                                 | +\$ <b>1,284,237.43</b> |
| 4. <b>Total liabilities</b> .....<br>Lines 2 + 3a + 3b   | \$ <b>1,655,272.47</b>  |

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## Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of debtor's interest**

3. **Checking, savings, money market, or financial brokerage accounts** (*Identify all*)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **BB&T Operating/Checking Account**  
(ending in 8139)

**Checking**

**8139**

**\$0.00**

3.2. **BB&T Payroll Checking Account**  
(ending in 8120)

**Checking**

**8120**

**\$0.00**

3.3. **Wells Fargo Business Checking**  
(account ending in 5643)

**Checking**

**5643**

**\$10,069.01**

4. **Other cash equivalents** (*Identify all*)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$10,069.01**

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

Debtor **Salem Services Group, LLC**  
Name

Case number (If known) **16-30919**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 0.00 - 0.00 = .... Unknown  
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 166.34 - 0.00 = .... \$166.34  
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 630.73 - 0.00 = .... \$630.73  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$797.07

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

|     | General description   | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|---|-------------------------------------|---|---|------------------------------------|
| 19. | Raw materials   |                                     |   |   |                                    |
| 20. | Work in progress  |                                     |   |   |                                    |
| 21. | Finished goods, including goods held for resale             |                                     |   |   |                                    |
| 22. | Other inventory or supplies<br>Sage 100 Contractor Software |                                     | \$0.00  |   | Unknown                            |
|     | Micellaneous Inventory, Tools, Equipment in Warehouse       |                                     | Unknown   |   | Unknown                            |

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$0.00

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

Debtor Salem Services Group, LLC Case number (If known) 16-30919  
Name

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?  
☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?  
☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

|     | General description   | Net book value of debtor's interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|---|--|---|------------------------------------|
| 39. | <p><b>Office furniture</b><br/> (1) Reception Desk; (1) 2-Door Cabinet; (2) Leather Chairs; (2) End Tables; (1) Conference Table; (8) Bookshelves; (7) Desks; (3) Credenzas; (1) 5-Drawer Lateral File Cabinet; (1) 4-Drawer Lateral File Cabinet; (2) 4-Drawer File Cabinets; (1) 2-Drawer File Cabinet; (3) Drafting Tables; (1) Drafting Stool; (6) Miscellaneous Tables; (12) Rolling Office Chairs; (8) Arm Chairs; (3) Executive Desk Chairs</p> <p>(1) Folding Table; (4) Office Desks (2 dark wood tone/2 light gray formica); (3) Black Leather Swivel Office Chairs; (8) Gray Cushioned Folding Chairs; (1) Small 2-Drawer Dark Wood Tone Cabinet; (1) Large 2-Drawer Dark Wood Tone Cabinet; (1) 5-Shelf Upright Dark Wood Tone Bookshelf; (2) Salem Stand-Alone Upright Signs; (1) 2-Shelf Black Bookcase Cabinet; (2) Dry Erase Boards; (6) Desktop File Keepers; (1) Cork Bulletin Board; (1) Conference Table Dark Wood Tone; (1) Small 2-Drawer Plastic Container for Coffee Machine</p> <p>Inventory located in Charlotte and Charleston offices</p> | Unknown  |   | Unknown                            |
| 40. | <b>Office fixtures</b>  |  |   |                                    |
| 41. | <p><b>Office equipment, including all computer equipment and communication systems equipment and software</b><br/> Leased Kyocera Copier (Model 3551CI; S/N L8H4201423)</p>   | Unknown  |   | Unknown                            |

Debtor Salem Services Group, LLC  
Name

Case number (If known) 16-30919

(6) Lenovo ThinkPad Laptops; (1) IBM ThinkPad Laptop; (5) Acer PC Monitors; (1) HP 2311x Monitor; (1) Leo Technology Monitor; (1) HP Laserjet P4014N Printer; (1) Imagistics CM2520 Copier

(4) AT&T Cordless Phones w/ Chargers; (1) Whirlpool Refrigerator; (1) Oster Microwave; (1) Keurig Coffee Maker; (1) Black & Decker Toaster Oven; (1) Hoover Upright Vacuum Cleaner; (1) Epson Table Top Projector with Remote; (1) Stand-Up Pull Down Video Screen; (1) Royal Paper Shredder; (1) Canon MF8080CN Printer/Copier; (1) Microsoft Computer Keypad; (1) Brother Desktop Label Maker

Unknown

\$0.00

Leased phone system

\$0.00

Unknown

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. **2006 Chevrolet Silverado 3500 Dually (VIN: 1GCJC33D96F257191). Titled in the name of Salem Contracting, Inc. Not in working condition. Located in Charleston.**

\$2,000.00

\$2,000.00

47.2. **2006 Chevrolet Silverado 2500 (VIN: 1GCHC23U76F255903). Titled in the name of Salem Contracting, Inc. Located in Charlotte.**

\$10,500.00

\$10,500.00

|        |   |                        |                   |
|--------|---|------------------------|-------------------|
| Debtor | <b>Salem Services Group, LLC</b><br>Name  | Case number (If known) | <b>16-30919</b>   |
| 47.3.  | <b>2000 Pace Private Trailer (VIN: 4FPFB1210YGO47106). Titled in the name of Salem Contracting.</b>   | <b>Unknown</b>         | <b>Unknown</b>    |
| 47.4.  | <b>2000 Pace Private Trailer (VIN: 4FPFB1213YG043728). Titled in the name of Salem Contracting and Waterproofing, Inc.</b>                                      | <b>Unknown</b>         | <b>Unknown</b>    |
| 47.5.  | <b>2000 Pace Private Trailer (VIN: 1M9TB2026Y1543005). Titled in the name of Salem Contracting &amp; Waterproofing, Inc.</b>                                    | <b>Unknown</b>         | <b>Unknown</b>    |
| 47.6.  | <b>1999 Pace Private Trailer (VIN: 4FPFB1216XG031538). Titled in the name of Salem Contracting &amp; Waterproofing, Inc.</b>                                    | <b>Unknown</b>         | <b>Unknown</b>    |
| 47.7.  | <b>2013 Permanant Multi-Year Trailer</b>  | <b>Unknown</b>         | <b>Unknown</b>    |
| 47.8.  | <b>2012 Triple Crown Trailer 5x8 utility (VIN: 1XNHD5X81C1037497)</b>   | <b>Unknown</b>         | <b>Unknown</b>    |
| 47.9.  | <b>2013 Carry-On Trailer (VIN: 4YMCL1213DG028532). Titled in the name of Elyse Marie Moore.</b>   | <b>Unknown</b>         | <b>Unknown</b>    |
| 47.10  | <b>2013 Carry-On Trailer (VIN: 4YMCL1217DG031871). Titled in the name of Elyse Marie Moore.</b>   | <b>Unknown</b>         | <b>Unknown</b>    |
| 47.11  | <b>ST Sport II Golf Cart</b>  | <b>Unknown</b>         | <b>Unknown</b>    |
| 47.12  | <b>2000 homemade trailer (VIN: NCX01053961). Titled in the name of Salem Contracting &amp; Waterproofing, Inc.</b>  | <b>Unknown</b>         | <b>Unknown</b>    |
| 47.13  | <b>2014 Carry-On Trailer 6x12 (VIN: 4YMCL1217EG011928)</b>  | <b>Unknown</b>         | <b>Unknown</b>    |
| 47.14  | <b>2006 Ford F-150 (VIN: 1FTRW12W76FA83798). Titled in the name of Matthew William Moore (located in Charleston)</b>  | <b>\$6,600.00</b>      | <b>\$6,600.00</b> |
| 48.    | <b>Watercraft, trailers, motors, and related accessories</b> <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i> |                        |                   |

Debtor **Salem Services Group, LLC**  
Name

Case number (If known) **16-30919**

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Equipment located in Charleston, SC:

Storage 1 - East Container - Inventory: (65) 10-Foot Aluminum Walkboards; (75) 7-Foot Aluminum Walkboards; (124) 10-Foot Wood Walkboards; (21) 7-Foot Wood Walkboards; (4) 10-Foot Aluminum Walkboards for System Scaffold; (5) 10-Foot Wood Walkboards for System Scaffold; (5) 10-Foot x 2-Foot Wide Walkboards; (1) 24-Foot Walk Plank  
Storage 2 - West Container - (85) Brick Jacks; (1) Bucket Fist Grips; (11) Yellow Gas Cans; (11) Red Gas Cans; Plywood, Repar Caps, Rebar Bender, Rebar Cutter, Ladder Jacks  
Office Sideyard: Yellow Bucks; 7 Foot Braces; 10 Foot Braces; 7 Foot Wold Walkboards; 10 Foot Aluminium Walkboards; 10 Foot Wood Walkboards; 10'x2' Walkboard; 24' Walkplank; 5' Handrails; Hand Rail Posts; Screw Jacks; Nuckles; Scaffold Frames; Scaffold Braces; Painter Scaffold; Frame Pins; Bucket with Scaffold Pins

Unknown

Unknown

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$19,100.00**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

☒ No. Go to Part 11.

☐ Yes Fill in the information below.

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.



Debtor **Salem Services Group, LLC**  
Name

Case number (If known) **16-30919**

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property  | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. <b>Cash, cash equivalents, and financial assets.</b><br><i>Copy line 5, Part 1</i>                  | <b>\$10,069.01</b>                 |                                |
| 81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>  | <b>\$0.00</b>                      |                                |
| 82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>  | <b>\$797.07</b>                    |                                |
| 83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>  | <b>\$0.00</b>                      |                                |
| 84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>  | <b>\$0.00</b>                      |                                |
| 85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>                             | <b>\$0.00</b>                      |                                |
| 86. <b>Office furniture, fixtures, and equipment; and collectibles.</b><br><i>Copy line 43, Part 7.</i> | <b>\$0.00</b>                      |                                |
| 87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>                             | <b>\$19,100.00</b>                 |                                |
| 88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>  |                                    | <b>\$0.00</b>                  |
| 89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>                         | <b>\$0.00</b>                      |                                |
| 90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>  | <b>\$0.00</b>                      |                                |
| 91. <b>Total.</b> Add lines 80 through 90 for each column   | <b>\$29,966.08</b>                 | <b>\$0.00</b>                  |
| 92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92                                  |                                    | <b>\$29,966.08</b>             |

Fill in this information to identify the case:

Debtor name **Salem Services Group, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

|     |   | Column A<br>Amount of claim<br><br>Do not deduct the value of collateral.  | Column B<br>Value of collateral that supports this claim |               |
|-----|---|--|--|---------------|
| 2.1 | <b>BB&amp;T</b><br>Creditor's Name<br><b>P.O. Box 1847</b><br><b>Attn: Bankruptcy</b><br><b>Wilson, NC 27894</b><br>Creditor's mailing address<br><br>Creditor's email address, if known<br><br>Date debt was incurred<br><br>Last 4 digits of account number<br><b>0001</b><br>Do multiple creditors have an interest in the same property?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien<br><b>Secured by UCC lien on accounts, receivables, inventory, equipment, intangibles and proceeds</b><br><br>Describe the lien<br><br>Is the creditor an insider or related party?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br>Is anyone else liable on this claim?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)<br><br>As of the petition filing date, the claim is:<br>Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$198,993.93</b>                                      | <b>\$0.00</b> |

|     |  |   |                |               |
|-----|--|---|----------------|---------------|
| 2.2 | <b>Circle Lending, LLC</b><br>Creditor's Name<br><b>c/o Victory Park Capital Advisors</b><br><b>227 West Monroe Street,</b><br><b>Suite 3900</b><br><b>Chicago, IL 60606</b><br>Creditor's mailing address<br><br>Creditor's email address, if known<br><br>Date debt was incurred<br><b>07/17/2014</b><br>Last 4 digits of account number<br><br>Do multiple creditors have an interest in the same property? | Describe debtor's property that is subject to a lien<br><b>Secured by a UCC lien on all equipment and other personal property</b><br><br>Describe the lien<br><br>Is the creditor an insider or related party?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br>Is anyone else liable on this claim?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)<br><br>As of the petition filing date, the claim is:<br>Check all that apply | <b>Unknown</b> | <b>\$0.00</b> |
|-----|--|---|----------------|---------------|

Debtor **Salem Services Group, LLC** Case number (if know) **16-30919**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.
- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

|     |  |  |                   |                |
|-----|--|--|-------------------|----------------|
| 2.3 | <b>EverBank Commercial Finance, Inc.</b><br><small>Creditor's Name</small><br><br><b>10 Waterview Boulevard</b><br><b>Parsippany, NJ 07054</b><br><small>Creditor's mailing address</small><br><br><small>Creditor's email address, if known</small><br><br><b>Date debt was incurred</b><br><br><b>Last 4 digits of account number</b><br><b>6494</b><br><b>Do multiple creditors have an interest in the same property?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien<br><b>Sage 100 Contractor Software</b><br><br>Describe the lien<br><br>Is the creditor an insider or related party?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br>Is anyone else liable on this claim?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)<br><br>As of the petition filing date, the claim is:<br>Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$4,067.31</b> | <b>Unknown</b> |
|-----|--|--|-------------------|----------------|

|     |   |   |                   |                   |
|-----|---|---|-------------------|-------------------|
| 2.4 | <b>Gateway One Lending &amp; Finance</b><br><small>Creditor's Name</small><br><b>TCF Bank</b><br><b>160 N. Riverview Rive,</b><br><b>Suite 100</b><br><b>Anaheim, CA 92806</b><br><small>Creditor's mailing address</small><br><br><small>Creditor's email address, if known</small><br><br><b>Date debt was incurred</b><br><br><b>Last 4 digits of account number</b><br><br><b>Do multiple creditors have an interest in the same property?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien<br><b>1999 Ford F-250 (VIN: 1FTMX20F2XEE28652).</b><br><b>Titled in the name of Elyse Marie Moore and Michael Ryan Moore.</b><br><br>Describe the lien<br><br>Is the creditor an insider or related party?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br>Is anyone else liable on this claim?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)<br><br>As of the petition filing date, the claim is:<br>Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$3,299.65</b> | <b>\$2,400.00</b> |
|-----|---|---|-------------------|-------------------|

|     |  |  |                     |                |
|-----|--|--|---------------------|----------------|
| 2.5 | <b>Internal Revenue Service</b><br><small>Creditor's Name</small><br><b>Attn.: Insolvency Unit</b><br><b>P.O. Box 21126</b><br><b>Philadelphia, PA</b><br><b>19114-0326</b><br><small>Creditor's mailing address</small> | Describe debtor's property that is subject to a lien<br><b>Federal Tax Lien - Q3 2014 941</b><br><br>Describe the lien | <b>\$136,967.97</b> | <b>Unknown</b> |
|-----|--|--|---------------------|----------------|

Debtor **Salem Services Group, LLC**  
Name

Case number (if know) **16-30919**

|  |  |
|--|--|
| <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b><br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>   | <p><b>Is the creditor an insider or related party?</b><br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b><br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b><br/> Check all that apply<br/> <input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p>   |
| <p><b>2.6 Internal Revenue Service</b><br/> Creditor's Name<br/> <b>Attn.: Insolvency Unit</b><br/> <b>P.O. Box 21126</b><br/> <b>Philadelphia, PA</b><br/> <b>19114-0326</b></p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b><br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> | <p><b>Describe debtor's property that is subject to a lien</b><br/> <b>Federal Tax Lien - Q4 2014 940</b></p> <hr/> <p><b>Describe the lien</b></p> <p><b>Is the creditor an insider or related party?</b><br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b><br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b><br/> Check all that apply<br/> <input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> |
| <p><b>2.7 Marlin Business Bank</b><br/> Creditor's Name<br/> <b>P.O. Box 637</b><br/> <b>Mount Laurel, NJ 08054</b></p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b><br/> <b>2567</b></p> <p><b>Do multiple creditors have an interest in the same property?</b><br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>  | <p><b>Describe debtor's property that is subject to a lien</b><br/> <b>Leased phone system</b></p> <hr/> <p><b>Describe the lien</b></p> <p><b>Is the creditor an insider or related party?</b><br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b><br/> <input type="checkbox"/> No<br/> <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b><br/> Check all that apply<br/> <input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p>            |

**\$1,576.56**

**Unknown**

**Unknown**

**Unknown**

|   |  |                        |                    |
|---|--|------------------------|--------------------|
| <div>2.9</div> <div>Wells Fargo Financial Leasing</div> <div>Creditor's Name</div> <div>Leasing Customer Service</div> <div>MAC N0005-055</div> <div>800 Walnut Street</div> <div>Des Moines, IA 50309-3605</div> <div>Creditor's mailing address</div>   | <div>Describe debtor's property that is subject to a lien</div> <div>Leased Kyocera Copier (Model 3551CI; S/N L8H4201423)</div>  | <div>\$13,087.90</div> | <div>Unknown</div> |
| <div>Creditor's email address, if known</div> <div>Date debt was incurred</div> <div>Last 4 digits of account number</div> <div>0000</div> <div>Do multiple creditors have an interest in the same property?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</div> | <div>Describe the lien</div> <div>Is the creditor an insider or related party?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> <div>Is anyone else liable on this claim?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</div> <div>As of the petition filing date, the claim is:</div> <div>Check all that apply</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> |                        |                    |

|   |                     |
|---|---------------------|
| 3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. | <b>\$366,337.78</b> |
|---|---------------------|

## Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

**If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.**

Debtor **Salem Services Group, LLC**  
Name

Case number (if know) **16-30919**

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

**Corporate Info Tech Corp.**  
**2424 N. Davidson Street**  
**P.O. Box 31084**  
**Charlotte, NC 28205**

Line 2.7

**EverBank Commercial Finance, Inc.**  
**P.O. Box 911608**  
**Denver, CO 80291-1608**

Line 2.3

**FC Partners, LP**  
**DBA Funding Circle Partners, LP**  
**One Union Street, Suite 210**  
**San Francisco, CA 94111**

Line 2.2

**Internal Revenue Service**  
**10715 David Taylor Drive**  
**5 Resource Square Box 24**  
**Charlotte, NC 28262**

Line 2.5

**Marlin Business Bank**  
**2795 E. Cottonwood Parkway**  
**Salt Lake City, UT 84121**

Line 2.7

**Wells Fargo**  
**Business Direct**  
**P.O. Box 348750**  
**Sacramento, CA 95834**

Line 2.9

**Fill in this information to identify the case:**

Debtor name **Salem Services Group, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) **16-30919**

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

|     |  |   | Total claim       | Priority amount |
|-----|--|---|-------------------|-----------------|
| 2.1 | <p>Priority creditor's name and mailing address</p> <p><b>Internal Revenue Service</b><br/> <b>Attn.: Insolvency Unit</b><br/> <b>P.O. Box 21126</b><br/> <b>Philadelphia, PA 19114-0326</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number <b>3447</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>        | <p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>2015 Form 940 taxes</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>    | <b>\$323.97</b>   | <b>\$323.97</b> |
| 2.2 | <p>Priority creditor's name and mailing address</p> <p><b>NC Department of Revenue</b><br/> <b>Office Services Division</b><br/> <b>Bankruptcy Unit</b><br/> <b>P.O. Box 1168</b><br/> <b>Raleigh, NC 27602</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)</p> | <p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>2014 withholding taxes</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <b>\$4,291.63</b> | <b>Unknown</b>  |

| Debtor | Name  | Case number (if known)  | 16-30919                  |
|--------|---|---|---------------------------|
| 2.3    | <b>Priority creditor's name and mailing address</b><br><b>NC Department of Revenue</b><br><b>Office Services Division</b><br><b>Bankruptcy Unit</b><br><b>P.O. Box 1168</b><br><b>Raleigh, NC 27602</b> | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$81.66    \$81.66</b> |
|        | <b>Date or dates debt was incurred</b><br><br><b>Last 4 digits of account number</b><br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)                                     | <b>Basis for the claim:</b><br><b>3rd Quarter 2015 Withholding</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                |                           |
| 2.4    | <b>Priority creditor's name and mailing address</b><br><b>South Carolina Department of Revenue</b><br><b>P.O. Box 12265</b><br><b>Columbia, SC 29211</b>  | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>Unknown    Unknown</b> |
|        | <b>Date or dates debt was incurred</b><br><br><b>Last 4 digits of account number</b><br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)                                     | <b>Basis for the claim:</b><br><b>Notice Purposes</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                             |                           |
| 2.5    | <b>Priority creditor's name and mailing address</b><br><b>Tennessee Office of Attorney General</b><br><b>Bankruptcy Division</b><br><b>P.O. Box 20207</b><br><b>Nashville, TN 37202-0207</b>            | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>Unknown    Unknown</b> |
|        | <b>Date or dates debt was incurred</b><br><br><b>Last 4 digits of account number</b><br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)                                     | <b>Basis for the claim:</b><br><b>Notice Purposes Only</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                        |                           |

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

|     |  |  | Amount of claim |
|-----|--|--|-----------------|
| 3.1 | <b>Nonpriority creditor's name and mailing address</b><br><b>A&amp;B Portable Toilets, Inc.</b><br><b>2544 Alamance Church Road</b><br><b>Greensboro, NC 27406</b> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$433.20</b> |
|     | <b>Date(s) debt was incurred</b> ____<br><b>Last 4 digits of account number</b> <u>SALEMSERVI</u>  | <b>Basis for the claim:</b> ____<br><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |                 |
| 3.2 | <b>Nonpriority creditor's name and mailing address</b><br><b>A&amp;R Sheet Metal Works, Inc.</b><br><b>945 Main Road</b><br><b>Johns Island, SC 29455</b>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$64.02</b>  |
|     | <b>Date(s) debt was incurred</b> ____<br><b>Last 4 digits of account number</b> <u>5031</u>  | <b>Basis for the claim:</b> ____<br><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |                 |



|        |   |                        |                 |
|--------|---|------------------------|-----------------|
| Debtor | <b>Salem Services Group, LLC</b><br><small>Name</small> | Case number (if known) | <b>16-30919</b> |
|--------|---|------------------------|-----------------|

  

|     |   |  |                    |
|-----|---|--|--------------------|
| 3.3 | <b>Nonpriority creditor's name and mailing address</b><br><b>AAA</b><br><b>P.O. Box 29600</b><br><b>Charlotte, NC 28229</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>1543</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$641.00</b>    |
| 3.4 | <b>Nonpriority creditor's name and mailing address</b><br><b>Able Metal Fabricators, Inc.</b><br><b>3441 Reno Avenue</b><br><b>Charlotte, NC 28216</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>4505</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$664.95</b>    |
| 3.5 | <b>Nonpriority creditor's name and mailing address</b><br><b>ADT Security Services</b><br><b>3190 S. Vaughn Way</b><br><b>Aurora, CO 80014</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>7741</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$236.55</b>    |
| 3.6 | <b>Nonpriority creditor's name and mailing address</b><br><b>ADT Security Services</b><br><b>3190 S. Vaughn Way</b><br><b>Aurora, CO 80014</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>2428</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$118.89</b>    |
| 3.7 | <b>Nonpriority creditor's name and mailing address</b><br><b>Advanced Chemical Technologies, Inc.</b><br><b>9608 N. Robinson Avenue</b><br><b>Oklahoma City, OK 73114</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>          </u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$35.36</b>     |
| 3.8 | <b>Nonpriority creditor's name and mailing address</b><br><b>Ahern Rentals, Inc.</b><br><b>c/o James R. Vann, Esq.</b><br><b>Vann Attorneys</b><br><b>1720 Hillsborough Street, Suite 200</b><br><b>Raleigh, NC 27605</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>1780</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$29,735.61</b> |
| 3.9 | <b>Nonpriority creditor's name and mailing address</b><br><b>Ally Financial</b><br><b>Attn: Bankruptcy</b><br><b>P.O. Box 130424</b><br><b>Roseville, MN 55113</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>9401</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Notice purposes only re repossession of 2008 Chevrolet Silverado 1500 (VIN: 3GCEC13C08G239175)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b>      |

|        |   |                        |                 |
|--------|---|------------------------|-----------------|
| Debtor | <b>Salem Services Group, LLC</b><br><small>Name</small> | Case number (if known) | <b>16-30919</b> |
|--------|---|------------------------|-----------------|

  

|      |   |  |                     |
|------|---|--|---------------------|
| 3.10 | <b>Nonpriority creditor's name and mailing address</b><br><b>Ally Financial</b><br><b>Attn: Bankruptcy</b><br><b>P.O. Box 130424</b><br><b>Roseville, MN 55113</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>4605</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Deficiency for 2008 Chevrolet Silverado 3500 (VIN: 1GBJK33608F184854). Titled in the name of Salem Services Group, LLC and Gary Wayne Moore.</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$21,265.26</b>  |
|      |   |  |                     |
| 3.11 | <b>Nonpriority creditor's name and mailing address</b><br><b>ASIC</b><br><b>640-B Matthews Mint-Hill Road</b><br><b>Matthews, NC 28105</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____                                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$2,788.25</b>   |
|      |   |  |                     |
| 3.12 | <b>Nonpriority creditor's name and mailing address</b><br><b>AT&amp;T</b><br><b>P.O. Box 105262</b><br><b>Atlanta, GA 30348-5262</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>5001</u>                                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$158.11</b>     |
|      |   |  |                     |
| 3.13 | <b>Nonpriority creditor's name and mailing address</b><br><b>B&amp;B Porta-Jons</b><br><b>104 Arundel Drive</b><br><b>Orangeburg, SC 29118</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>1517</u>                      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$244.74</b>     |
|      |   |  |                     |
| 3.14 | <b>Nonpriority creditor's name and mailing address</b><br><b>BB&amp;T</b><br><b>P.O. Box 1847</b><br><b>Attn: Bankruptcy</b><br><b>Wilson, NC 27894</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>0005</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$172,674.57</b> |
|      |   |  |                     |
| 3.15 | <b>Nonpriority creditor's name and mailing address</b><br><b>BB&amp;T</b><br><b>P.O. Box 1847</b><br><b>Attn: Bankruptcy</b><br><b>Wilson, NC 27894</b><br><br>Date(s) debt was incurred <u>04/02/2012</u><br>Last 4 digits of account number <u>0001</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$198,993.93</b> |
|      |   |  |                     |
| 3.16 | <b>Nonpriority creditor's name and mailing address</b><br><b>BB&amp;T</b><br><b>P.O. Box 1847</b><br><b>Attn: Bankruptcy</b><br><b>Wilson, NC 27894</b><br><br>Date(s) debt was incurred <u>08/23/2013</u><br>Last 4 digits of account number <u>0005</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$172,674.57</b> |

|        |   |                        |                 |
|--------|---|------------------------|-----------------|
| Debtor | <b>Salem Services Group, LLC</b><br><small>Name</small> | Case number (if known) | <b>16-30919</b> |
|--------|---|------------------------|-----------------|

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| 3.17 | <b>Nonpriority creditor's name and mailing address</b><br><b>BB&amp;T</b><br><b>P.O. Box 1847</b><br><b>Attn: Bankruptcy</b><br><b>Wilson, NC 27894</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <b>0777</b> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$30,733.52</b> |
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| 3.18 | <b>Nonpriority creditor's name and mailing address</b><br><b>BB&amp;T</b><br><b>P.O. Box 1847</b><br><b>Attn: Bankruptcy</b><br><b>Wilson, NC 27894</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <b>0785</b> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b> |
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| 3.19 | <b>Nonpriority creditor's name and mailing address</b><br><b>BB&amp;T</b><br><b>P.O. Box 1847</b><br><b>Attn: Bankruptcy</b><br><b>Wilson, NC 27894</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <b>9619</b> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b> |
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| 3.20 | <b>Nonpriority creditor's name and mailing address</b><br><b>Bel-Mac Roofing, Inc.</b><br><b>1996 South US 1</b><br><b>Rockledge, FL 32955</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <b>1</b> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$654.50</b> |
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| 3.21 | <b>Nonpriority creditor's name and mailing address</b><br><b>Bemco, Inc.</b><br><b>2255 Union Place</b><br><b>Simi Valley, CA 93065</b><br><br>Date(s) debt was incurred <b>01/10/2015</b><br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$7,100.00</b> |
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| 3.22 | <b>Nonpriority creditor's name and mailing address</b><br><b>Bond Brokers, Inc.</b><br><b>6160 N. Cicero Avenue, Suite 610</b><br><b>Chicago, IL 60646</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b> |
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| 3.23 | <b>Nonpriority creditor's name and mailing address</b><br><b>Brame Specialty Co, Inc.</b><br><b>P.O. Box 271</b><br><b>Durham, NC 27702</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <b>7560</b> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$74.37</b> |
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| Debtor | <b>Salem Services Group, LLC</b><br><small>Name</small> | Case number (if known) | <b>16-30919</b> |
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| 3.24 | <b>Nonpriority creditor's name and mailing address</b><br><b>Buck Lumber &amp; Building Supply, Inc.</b><br><b>191 Maybank Highway</b><br><b>Charleston, SC 29412</b><br><br>Date(s) debt was incurred <u>10/2014 - 11/2014</u><br>Last 4 digits of account number <u>          </u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>\$3,864.36</b> |
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| 3.25 | <b>Nonpriority creditor's name and mailing address</b><br><b>Builders Mutual Insurance Co.</b><br><b>P.O. Box 150005</b><br><b>Raleigh, NC 27624-0005</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>1504</u>                                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Workers' Compensation/Employer's Liability policy - cancelled effective 4/25/2016</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b>    |
|      |   |   |                   |
| 3.26 | <b>Nonpriority creditor's name and mailing address</b><br><b>Capitol Materials Coastal</b><br><b>140 Winyah Road</b><br><b>Conway, SC 29526-9715</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>3787</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Notice Purposes Only</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>\$0.00</b>     |
|      |   |   |                   |
| 3.27 | <b>Nonpriority creditor's name and mailing address</b><br><b>Carolina Cool, Inc.</b><br><b>Attn.: Kami Beatty</b><br><b>124 Surfside Industrial Park</b><br><b>Surfside Beach, SC 29575</b><br><br>Date(s) debt was incurred <u>02/25/2015</u><br>Last 4 digits of account number <u>1877</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>\$190.00</b>   |
|      |   |   |                   |
| 3.28 | <b>Nonpriority creditor's name and mailing address</b><br><b>Carolina Staffing Resources</b><br><b>224 Westinghouse Blvd #601</b><br><b>Charlotte, NC 28273</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>          </u>                       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Unknown</b>    |
|      |   |   |                   |
| 3.29 | <b>Nonpriority creditor's name and mailing address</b><br><b>Carolina Waste &amp; Recycling, LLC</b><br><b>5265 International Boulevard #200</b><br><b>North Charleston, SC 29418</b><br><br>Date(s) debt was incurred <u>03/30/2015</u><br>Last 4 digits of account number <u>0002</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>\$192.72</b>   |
|      |   |   |                   |
| 3.30 | <b>Nonpriority creditor's name and mailing address</b><br><b>Carter Chevrolet</b><br><b>P.O. Box 305</b><br><b>Shelby, NC 28152</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>          </u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>\$1,017.18</b> |

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| Debtor | <b>Salem Services Group, LLC</b><br><small>Name</small> | Case number (if known) | <b>16-30919</b> |
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| <b>3.31</b> | <b>Nonpriority creditor's name and mailing address</b><br><b>Cathedral Stone Products</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$0.00</b>     |
| <b>3.32</b> | <b>Nonpriority creditor's name and mailing address</b><br><b>Charleston County Treasurer</b><br><b>4045 Bridge View Drive</b><br><b>North Charleston, SC 29405-7464</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>3200</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>2015 personal property taxes</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>\$598.08</b>   |
| <b>3.33</b> | <b>Nonpriority creditor's name and mailing address</b><br><b>CIT</b><br><b>301 S. Tryon Street</b><br><b>Charlotte, NC 28282</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>Unknown</b>    |
| <b>3.34</b> | <b>Nonpriority creditor's name and mailing address</b><br><b>CNA Surety</b><br><b>P.O. Box 957312</b><br><b>Saint Louis, MO 63195-7312</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>2459</u>                              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$100.00</b>   |
| <b>3.35</b> | <b>Nonpriority creditor's name and mailing address</b><br><b>Coastal Federal Credit Union</b><br><b>P.O. Box 58429</b><br><b>Raleigh, NC 27658</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>0001</u>                      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Deficiency on 2005 Ford Ecoline Van (VIN: 1FBSS31P35HA16741). Titled in the name of Gary Wayne Moore.</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$9,871.44</b> |
| <b>3.36</b> | <b>Nonpriority creditor's name and mailing address</b><br><b>CrossCreek General Contractors</b><br><b>P.O. Box 364</b><br><b>Orangeburg, SC 29115</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>6335</u>                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$4,146.21</b> |

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| Debtor | <b>Salem Services Group, LLC</b><br>Name | Case number (if known) | <b>16-30919</b> |
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| 3.37 | <b>Nonpriority creditor's name and mailing address</b><br><b>CSC Automotive, Inc.</b><br><b>1400 Metals Drive</b><br><b>Charlotte, NC 28206</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>0116</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Secured by mechanic's lien on five vehicles dated 10/13/14:</u><br><u>3GNFK123176147796</u><br><u>1FBSS31P35HA16741</u><br><u>1GCHC23U76F255903</u><br><u>1GCJC33D96F257191</u><br><u>1GYEK63N74R272843</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$9,467.62</b>  |
|      |  |   |                    |
| 3.38 | <b>Nonpriority creditor's name and mailing address</b><br><b>DesignConditions</b><br><b>P.O. Box 431</b><br><b>Indian Trail, NC 28079-0410</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Notice Purposes</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$0.00</b>      |
|      |  |   |                    |
| 3.39 | <b>Nonpriority creditor's name and mailing address</b><br><b>Eadie's Construction</b><br><b>1513 SC-61</b><br><b>Ridgeville, SC 29472</b><br><br>Date(s) debt was incurred <u>02/19/2015</u><br>Last 4 digits of account number ____   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$4,782.40</b>  |
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| 3.40 | <b>Nonpriority creditor's name and mailing address</b><br><b>East Caolina Automotive Services Inc.</b><br><b>123 Associate Lane</b><br><b>Indian Trail, NC 28079</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>8868</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$616.20</b>    |
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| 3.41 | <b>Nonpriority creditor's name and mailing address</b><br><b>Eastern Supply Corporation</b><br><b>c/o Erwin, Bishop, Capitano &amp; Moss, P.A.</b><br><b>Attn: Scott A. Hefner, Esq.</b><br><b>4521 Sharon Road, Suite 350</b><br><b>Charlotte, NC 28211</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes  | <b>\$31,987.37</b> |
|      |  |   |                    |
| 3.42 | <b>Nonpriority creditor's name and mailing address</b><br><b>Elvis Service Company, Inc.</b><br><b>2200 Executive Avenue</b><br><b>Myrtle Beach, SC 29577</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>6215</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$61.26</b>     |

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| Debtor | <b>Salem Services Group, LLC</b><br><small>Name</small> | Case number (if known) | <b>16-30919</b> |
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| 3.43 | <b>Nonpriority creditor's name and mailing address</b><br><b>EMC Insurance Companies</b><br><b>11020 David Taylor Drive, #205</b><br><b>Charlotte, NC 28262</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>1601</u>                        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Commercial insurance policies</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes               | <b>\$11,104.57</b>  |
|      |  |   |                     |
| 3.44 | <b>Nonpriority creditor's name and mailing address</b><br><b>ExxonMobil Citi</b><br><b>P.O. Box 6497</b><br><b>Sioux Falls, SD 57117</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>9691</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>                                  </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | <b>Unknown</b>      |
|      |  |   |                     |
| 3.45 | <b>Nonpriority creditor's name and mailing address</b><br><b>Farmers Rentals &amp; Power Equipment</b><br><b>678 Highway 105 Extension</b><br><b>Boone, NC 28607</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>2547</u>                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>                                  </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | <b>\$204.96</b>     |
|      |  |   |                     |
| 3.46 | <b>Nonpriority creditor's name and mailing address</b><br><b>Fleetcor Technologies Operating Company</b><br><b>5445 Triangle Parkway, Suite 400</b><br><b>Norcross, GA 30092</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>          </u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>15-CVD-19211; Judgment entered May 27, 2016</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$29,745.14</b>  |
|      |  |   |                     |
| 3.47 | <b>Nonpriority creditor's name and mailing address</b><br><b>Funding Circle USA</b><br><b>P.O. Box 398383</b><br><b>San Francisco, CA 94139</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>7875</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>                                  </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | <b>\$108,148.31</b> |
|      |  |   |                     |
| 3.48 | <b>Nonpriority creditor's name and mailing address</b><br><b>Gardner Roofing</b><br><b>Attn: Amy Lloyd</b><br><b>1329 Swift Creek Road</b><br><b>Hartsville, SC 29550</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>          </u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>                                  </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | <b>Unknown</b>      |
|      |  |   |                     |
| 3.49 | <b>Nonpriority creditor's name and mailing address</b><br><b>Gary W. Moore</b><br><b>9417 White Dove Court</b><br><b>Charlotte, NC 28277</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>          </u>                                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Notice purposes only</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                        | <b>Unknown</b>      |

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| Debtor | <b>Salem Services Group, LLC</b><br><small>Name</small> | Case number (if known) | <b>16-30919</b> |
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| 3.50 | <b>Nonpriority creditor's name and mailing address</b><br><b>Gleissner Law Firm, LLC</b><br><b>1237 Gadsden Street, Suite 200A</b><br><b>Columbia, SC 29201</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$1,574.00</b>  |
|      |   |   |                    |
| 3.51 | <b>Nonpriority creditor's name and mailing address</b><br><b>Grand Strand Water &amp; Sewer Authority</b><br><b>P.O. Box 2308</b><br><b>Conway, SC 29528-2308</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>1003</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>Unknown</b>     |
|      |   |   |                    |
| 3.52 | <b>Nonpriority creditor's name and mailing address</b><br><b>Green Acres Services, Inc.</b><br><b>c/o Zachary J. Closser, Esq.</b><br><b>Smith Closser, P.A.</b><br><b>P.O. Box 40578</b><br><b>Charleston, SC 29423-0578</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Re: 250 Island Park Drive HOA</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | <b>\$7,327.56</b>  |
|      |   |   |                    |
| 3.53 | <b>Nonpriority creditor's name and mailing address</b><br><b>Grout Dawgs Restoration &amp; Waterproofing</b><br><b>408 Glenmore Drive</b><br><b>Moncks Corner, SC 29461</b><br><br>Date(s) debt was incurred <u>08/24/2014 - 09/17/2014</u><br>Last 4 digits of account number <u>67</u>                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$39,725.00</b> |
|      |   |   |                    |
| 3.54 | <b>Nonpriority creditor's name and mailing address</b><br><b>Guaranteed Supply Company</b><br><b>P.O. Box 36007</b><br><b>Greensboro, NC 27416-6007</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7923</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>Unknown</b>     |
|      |   |   |                    |
| 3.55 | <b>Nonpriority creditor's name and mailing address</b><br><b>Guardian Life Insurance Company</b><br><b>7 Hanover Square</b><br><b>New York, NY 10004</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>6061</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Group plan (cancelled effective 3/1/16)</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$5,612.36</b>  |
|      |   |   |                    |
| 3.56 | <b>Nonpriority creditor's name and mailing address</b><br><b>Guilford Orthopaedic and Sports Medicine</b><br><b>1915 Lendew Street</b><br><b>Greensboro, NC 27408</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>3239</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>Unknown</b>     |



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| Debtor | <b>Salem Services Group, LLC</b><br><small>Name</small> | Case number (if known) | <b>16-30919</b> |
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| 3.57 | <b>Nonpriority creditor's name and mailing address</b><br><b>Hanson</b><br><b>P.O. Box 842481</b><br><b>Dallas, TX 75284-2481</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>2876</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                   | <b>\$4,984.15</b>  |
|      |  |  |                    |
| 3.58 | <b>Nonpriority creditor's name and mailing address</b><br><b>HD Supply White Cap Construction Supply</b><br><b>8717 West Market Street</b><br><b>Greensboro, NC 27409</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>          </u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                   | <b>\$15,438.36</b> |
|      |  |  |                    |
| 3.59 | <b>Nonpriority creditor's name and mailing address</b><br><b>Hertz Equipment Rental Corporation</b><br><b>14501 Hertz Quail Springs Parkway</b><br><b>Oklahoma City, OK 73134</b><br><br>Date(s) debt was incurred <u>08/2014 - 03/2015</u><br>Last 4 digits of account number <u>6449</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                   | <b>Unknown</b>     |
|      |  |  |                    |
| 3.60 | <b>Nonpriority creditor's name and mailing address</b><br><b>Hilton Displays, Inc.</b><br><b>125 Hillside Drive</b><br><b>Greenville, SC 29607</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>SALESER</u>                                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                   | <b>\$740.03</b>    |
|      |  |  |                    |
| 3.61 | <b>Nonpriority creditor's name and mailing address</b><br><b>Home Builders Association of Greater CIt</b><br><b>1850 E. 3rd Street</b><br><b>Charlotte, NC 28204</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>8599</u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                   | <b>\$535.00</b>    |
|      |  |  |                    |
| 3.62 | <b>Nonpriority creditor's name and mailing address</b><br><b>Home Depot Credit Services</b><br><b>P.O. Box 790328</b><br><b>St. Louis, MO 63179</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>          </u>                                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                   | <b>Unknown</b>     |
|      |  |  |                    |
| 3.63 | <b>Nonpriority creditor's name and mailing address</b><br><b>Horry County Treasurer</b><br><b>P.O. Box 1828</b><br><b>Conway, SC 29528-1828</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>4347</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>2015 personal property taxes</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$354.68</b>    |

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| Debtor | <b>Salem Services Group, LLC</b><br><small>Name</small> | Case number (if known) | <b>16-30919</b> |
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| 3.64 | <b>Nonpriority creditor's name and mailing address</b><br><b>Horry Telephone Cooperative, Inc.</b><br><b>P.O. Box 1820</b><br><b>Conway, SC 29528-1820</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>8860</u>                            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | <b>\$297.75</b>   |
|      |   |   |                   |
| 3.65 | <b>Nonpriority creditor's name and mailing address</b><br><b>HTC</b><br><b>P.O. Box 1819</b><br><b>Conway, SC 29528-1819</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>8860</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | <b>Unknown</b>    |
|      |   |   |                   |
| 3.66 | <b>Nonpriority creditor's name and mailing address</b><br><b>In The Wind, Inc.</b><br><br>Date(s) debt was incurred <u>12/21/2014</u><br>Last 4 digits of account number <u>          </u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | <b>Unknown</b>    |
|      |   |   |                   |
| 3.67 | <b>Nonpriority creditor's name and mailing address</b><br><b>Incorp Services, Inc.</b><br><b>2360 Corporate Circle, Suite 400</b><br><b>Henderson, NV 89074-7722</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>          </u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | <b>\$139.00</b>   |
|      |   |   |                   |
| 3.68 | <b>Nonpriority creditor's name and mailing address</b><br><b>Innovative Glass of America, Inc.</b><br><b>102 East Fields Street</b><br><b>P.O. Box 476</b><br><b>Dallas, NC 28034</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>3075</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | <b>\$985.61</b>   |
|      |   |   |                   |
| 3.69 | <b>Nonpriority creditor's name and mailing address</b><br><b>Irwin Equipment, Inc.</b><br><b>8209 Lackland Road</b><br><b>Saint Louis, MO 63114</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>8459</u>                                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | <b>\$5,967.50</b> |
|      |   |   |                   |
| 3.70 | <b>Nonpriority creditor's name and mailing address</b><br><b>JEBS Development, LLC</b><br><b>P.O. Box 348</b><br><b>Murrells Inlet, SC 29576</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>          </u>                                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Leased Business Space</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b>     |

| Debtor | Name   | Case number (if known)   | 16-30919           |
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| 3.71   | <b>Nonpriority creditor's name and mailing address</b><br><b>Jones Blair Company, LLC</b><br><b>2728 Empire Central</b><br><b>Dallas, TX 75235</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                        | <b>Unknown</b>     |
| 3.72   | <b>Nonpriority creditor's name and mailing address</b><br><b>Keating Roofing &amp; Sheet Metal</b><br><b>P.O. Box 13562</b><br><b>Charleston, SC 29422</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                        | <b>\$4,888.00</b>  |
| 3.73   | <b>Nonpriority creditor's name and mailing address</b><br><b>Kenseal Construction Products</b><br><b>of the Carolinas, LLC</b><br><b>c/o Vann Attorneys, PLLC</b><br><b>1720 Hillsborough Street, Suite 200</b><br><b>Raleigh, NC 27605</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>6817</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Judgment 16-CVS-7318</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$27,580.66</b> |
| 3.74   | <b>Nonpriority creditor's name and mailing address</b><br><b>L&amp;W Supply</b><br><b>CK Supply Myrtle Beach</b><br><b>3014 Drywall Drive</b><br><b>Myrtle Beach, SC 29577</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                        | <b>Unknown</b>     |
| 3.75   | <b>Nonpriority creditor's name and mailing address</b><br><b>Latitude 33 Investments, LLC</b><br><b>High Seas Properties, Inc.</b><br><b>1030 Jenkins Road, Suite C</b><br><b>Charleston, SC 29407</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                        | <b>Unknown</b>     |
| 3.76   | <b>Nonpriority creditor's name and mailing address</b><br><b>Liberty Cedar, Inc.</b><br><b>325 Liberty Lane</b><br><b>West Kingston, RI 02892</b><br>Date(s) debt was incurred <u>12/06/2014</u><br>Last 4 digits of account number <u>Salem</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                        | <b>\$6,785.94</b>  |
| 3.77   | <b>Nonpriority creditor's name and mailing address</b><br><b>Lloyd Derreberry</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                        | <b>Unknown</b>     |

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| Debtor | <b>Salem Services Group, LLC</b><br><small>Name</small> | Case number (if known) | <b>16-30919</b> |
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| 3.78 | <b>Nonpriority creditor's name and mailing address</b><br><b>Lloyd S. Derreberry</b><br><b>426 Fulton Street</b><br><b>Kings Mountain, NC 28086-2327</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Notice Purposes</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      | <b>Unknown</b>  |
| 3.79 | <b>Nonpriority creditor's name and mailing address</b><br><b>Lynn Ladder and Scaffolding</b><br><b>4908 Highway 501</b><br><b>Myrtle Beach, SC 29579</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>5784</u>                                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                        | <b>\$406.88</b> |
| 3.80 | <b>Nonpriority creditor's name and mailing address</b><br><b>Managed Pharmacy Programs</b><br><b>10860 N. Mavinee Drive</b><br><b>Oro Valley, AZ 85737</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>83AB</u>                               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                        | <b>\$43.90</b>  |
| 3.81 | <b>Nonpriority creditor's name and mailing address</b><br><b>Matthew W. Moore</b><br><b>8120 Park Vista Circle</b><br><b>Charlotte, NC 28226</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Notice purposes only</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b>  |
| 3.82 | <b>Nonpriority creditor's name and mailing address</b><br><b>Mecklenburg Co Child Support Enforcement</b><br><b>5800 Executive Center Drive, Suite 200</b><br><b>Charlotte, NC 28212</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>9976</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Notice Purposes Only</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b>  |
| 3.83 | <b>Nonpriority creditor's name and mailing address</b><br><b>Mecklenburg County Tax Collector</b><br><b>P.O. Box 31457</b><br><b>Charlotte, NC 28231-1457</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                        | <b>Unknown</b>  |
| 3.84 | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael R. Moore</b><br><b>14124 Maple Hollow Lane</b><br><b>Charlotte, NC 28227</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Notice purposes only</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b>  |

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| Debtor | <b>Salem Services Group, LLC</b><br><small>Name</small> | Case number (if known) | <b>16-30919</b> |
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| 3.85 | <b>Nonpriority creditor's name and mailing address</b><br><b>Mobile Mini, Inc.</b><br><b>4646 E. Van Buren, 4th Floor</b><br><b>Phoenix, AZ 85008</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>9019</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$3,804.68</b> |
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| 3.86 | <b>Nonpriority creditor's name and mailing address</b><br><b>NC Child Support Centralized Collections</b><br><b>P.O. Box 900012</b><br><b>Raleigh, NC 27675-9012</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Notice Purposes Only</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b> |
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| 3.87 | <b>Nonpriority creditor's name and mailing address</b><br><b>NC Division of Motor Vehicles</b><br><b>P.O. Box 29620</b><br><b>Raleigh, NC 27626-0620</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b> |
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| 3.88 | <b>Nonpriority creditor's name and mailing address</b><br><b>New South Construction Supply, LLC</b><br><b>Attn.: Suzanne Godwin</b><br><b>9N Kings Road</b><br><b>Greenville, SC 29605</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$3,131.68</b> |
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| 3.89 | <b>Nonpriority creditor's name and mailing address</b><br><b>Northwestern Mutual</b><br><b>720 East Wisconsin Avenue</b><br><b>Milwaukee, WI 53202-5797</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b> |
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| 3.90 | <b>Nonpriority creditor's name and mailing address</b><br><b>Occupational Health Centers</b><br><b>of Southwest P.A.</b><br><b>P.O. Box 82730</b><br><b>Atlanta, GA 30354-0730</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$144.00</b> |
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| 3.91 | <b>Nonpriority creditor's name and mailing address</b><br><b>Palmetto Masonry &amp; Landscape Supplies</b><br><b>P.O. Box 70116</b><br><b>North Charleston, SC 29415</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>2625</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$65.10</b> |
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| Debtor | <b>Salem Services Group, LLC</b><br><small>Name</small> | Case number (if known) | <b>16-30919</b> |
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| 3.92 | <b>Nonpriority creditor's name and mailing address</b><br><b>Pella Window and Door, LLC</b><br><b>Attn.: Amanda Van Wyk</b><br><b>P.O. Box 2268</b><br><b>Irmo, SC 29063</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u><b>Citadel</b></u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                               | <b>\$26,467.91</b> |
|      |   |   |                    |
| 3.93 | <b>Nonpriority creditor's name and mailing address</b><br><b>Personal Concepts</b><br><b>c/o RMS</b><br><b>P.O. Box 361595</b><br><b>Columbus, OH 43236</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u><b>51M3</b></u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                               | <b>\$456.64</b>    |
|      |   |   |                    |
| 3.94 | <b>Nonpriority creditor's name and mailing address</b><br><b>Pneumatic Trim of Bluffton, Inc.</b><br><b>8 Minuteman Drive</b><br><b>Bluffton, SC 29910</b><br><br>Date(s) debt was incurred <u><b>12/2014 - 02/2015</b></u><br>Last 4 digits of account number ____         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                               | <b>Unknown</b>     |
|      |   |   |                    |
| 3.95 | <b>Nonpriority creditor's name and mailing address</b><br><b>Polk County Child Support Enforcement</b><br><b>231 Wolverine Trail</b><br><b>Mill Spring, NC 28756</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u><b>1692</b></u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Notice Purposes Only</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b>     |
|      |   |   |                    |
| 3.96 | <b>Nonpriority creditor's name and mailing address</b><br><b>PPG Architectural Coatings</b><br><b>One PPG Place</b><br><b>Pittsburgh, PA 15272</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                               | <b>\$2,222.63</b>  |
|      |   |   |                    |
| 3.97 | <b>Nonpriority creditor's name and mailing address</b><br><b>Quill</b><br><b>P.O. Box 37600</b><br><b>Philadelphia, PA 19101-0600</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u><b>0238</b></u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                               | <b>\$198.79</b>    |
|      |   |   |                    |
| 3.98 | <b>Nonpriority creditor's name and mailing address</b><br><b>Richard Kevin Alsobrook</b><br><b>418 N. Church Street</b><br><b>Manning, SC 29102</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                               | <b>Unknown</b>     |

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| Debtor | <b>Salem Services Group, LLC</b><br><small>Name</small> | Case number (if known) | <b>16-30919</b> |
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| 3.99  | <b>Nonpriority creditor's name and mailing address</b><br><b>Richbourg Rentals</b><br><b>c/o Aiken, Bridges</b><br><b>Attn.: Matthew N. Tyler, Esq.</b><br><b>P.O. Drawer 1931</b><br><b>Florence, SC 29503</b><br><br>Date(s) debt was incurred <u>09/2014 - 10/2014</u><br>Last 4 digits of account number <u>          </u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>2015 CP 21 1268</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      | <b>\$8,006.23</b>  |
| 3.100 | <b>Nonpriority creditor's name and mailing address</b><br><b>Safeworks LLC Spider</b><br><b>c/o Smith Debnam</b><br><b>Attn: Gerald H. Groom, Jr., Esq.</b><br><b>P.O. Box 26268</b><br><b>Raleigh, NC 27611-6268</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>1189</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | <b>\$44,716.75</b> |
| 3.101 | <b>Nonpriority creditor's name and mailing address</b><br><b>Safway Services, LLC</b><br><b>3325 Hill Park Drive</b><br><b>North Charleston, SC 29418</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>8300</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>2015CV01149 Judgment</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$41,658.60</b> |
| 3.102 | <b>Nonpriority creditor's name and mailing address</b><br><b>Santee Cooper</b><br><b>P.O. Box 188</b><br><b>Moncks Corner, SC 29461-0188</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>1312</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | <b>Unknown</b>     |
| 3.103 | <b>Nonpriority creditor's name and mailing address</b><br><b>SC Department of Employment &amp; Workforce</b><br><b>P.O. Box 995</b><br><b>Columbia, SC 29202-0995</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>          </u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | <b>Unknown</b>     |
| 3.104 | <b>Nonpriority creditor's name and mailing address</b><br><b>SC Hospital Association</b><br><b>1000 Center Point Road</b><br><b>Columbia, SC 29210</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>2224</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | <b>\$600.00</b>    |
| 3.105 | <b>Nonpriority creditor's name and mailing address</b><br><b>Social Security Administration</b><br><b>1463 Tobias Gadson Boulevard</b><br><b>Charleston, SC 29407</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>930A</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | <b>Unknown</b>     |

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| Debtor | <b>Salem Services Group, LLC</b><br><small>Name</small> | Case number (if known) | <b>16-30919</b> |
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| 3.106 | <b>Nonpriority creditor's name and mailing address</b><br><b>Southeastern Freight Lines, Inc.</b><br><b>P.O. Box 1691</b><br><b>Columbia, SC 29202</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>5117</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | <b>Unknown</b>    |
| 3.107 | <b>Nonpriority creditor's name and mailing address</b><br><b>Southern Rehabilitation Network, Inc.</b><br><b>9370 Falls of Neuse, Suite 101</b><br><b>Raleigh, NC 27615</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>5694</u>                        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | <b>Unknown</b>    |
| 3.108 | <b>Nonpriority creditor's name and mailing address</b><br><b>Spectrum Paint</b><br><b>15247 E. Skelly Drive</b><br><b>Tulsa, OK 74116-2620</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>          </u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | <b>\$7,676.79</b> |
| 3.109 | <b>Nonpriority creditor's name and mailing address</b><br><b>Strongwall Industries, Inc.</b><br><b>107 Chestnut Street</b><br><b>Ridgewood, NJ 07450</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>0184</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | <b>\$2,670.00</b> |
| 3.110 | <b>Nonpriority creditor's name and mailing address</b><br><b>Superior Automatic Fire Equipment, Inc.</b><br><b>105 Corporate Boulevard</b><br><b>P.O. Box 670</b><br><b>Indian Trail, NC 28079</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>9167</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | <b>\$98.00</b>    |
| 3.111 | <b>Nonpriority creditor's name and mailing address</b><br><b>Synchrony Bank / Lowe's</b><br><b>Attn: Bankruptcy Department</b><br><b>P.O. Box 965060</b><br><b>Orlando, FL 32896-5060</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>          </u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | <b>\$6,021.28</b> |
| 3.112 | <b>Nonpriority creditor's name and mailing address</b><br><b>Tammy Schatzel-Gordon</b><br><b>c/o Catherine Lee, Esq.</b><br><b>510 Glenwood Avenue, Suite 301</b><br><b>Raleigh, NC 27603</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>587C</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b>    |



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| Debtor | <b>Salem Services Group, LLC</b><br><small>Name</small> | Case number (if known) | <b>16-30919</b> |
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| 3.113 | <b>Nonpriority creditor's name and mailing address</b><br><b>TeamCraft Roofing, Inc.</b><br><b>1316 North Long Street</b><br><b>Salisbury, NC 28144</b><br><br>Date(s) debt was incurred <u>2014</u><br>Last 4 digits of account number <u>          </u>                              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | <b>\$21,000.00</b> |
|       |  |  |                    |
| 3.114 | <b>Nonpriority creditor's name and mailing address</b><br><b>Technocom</b><br><b>3330 Monroe Road</b><br><b>Charlotte, NC 28205</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>SS09</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | <b>\$108.89</b>    |
|       |  |  |                    |
| 3.115 | <b>Nonpriority creditor's name and mailing address</b><br><b>Tendon Systems, LLC</b><br><b>1255 Buford Highway, Suite 204</b><br><b>Suwanee, GA 30024</b><br><br>Date(s) debt was incurred <u>09/2014</u><br>Last 4 digits of account number <u>          </u>                         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | <b>\$6,200.00</b>  |
|       |  |  |                    |
| 3.116 | <b>Nonpriority creditor's name and mailing address</b><br><b>TN Department of Commerce &amp; Insurance</b><br><b>500 James Robertson Parkway</b><br><b>Nashville, TN 37243</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>          </u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Notice Purposes Only</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b>     |
|       |  |  |                    |
| 3.117 | <b>Nonpriority creditor's name and mailing address</b><br><b>Tools and Accessories Corp.</b><br><b>8975 Henkels Lane, Suite 710</b><br><b>Annapolis Junction, MD 20701</b><br><br>Date(s) debt was incurred <u>10/2014</u><br>Last 4 digits of account number <u>7643</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | <b>\$4,427.02</b>  |
|       |  |  |                    |
| 3.118 | <b>Nonpriority creditor's name and mailing address</b><br><b>Tremco, Inc.</b><br><b>3735 Green Road</b><br><b>Beachwood, OH 44122</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>          </u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | <b>\$28,481.56</b> |
|       |  |  |                    |
| 3.119 | <b>Nonpriority creditor's name and mailing address</b><br><b>Trimtec</b><br><b>2455 Harrisburg Pike</b><br><b>Grove City, OH 43123</b><br><br>Date(s) debt was incurred <u>          </u><br>Last 4 digits of account number <u>1982</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>          </u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | <b>\$405.01</b>    |

|        |  |                        |                 |
|--------|--|------------------------|-----------------|
| Debtor | <b>Salem Services Group, LLC</b><br>Name | Case number (if known) | <b>16-30919</b> |
|--------|--|------------------------|-----------------|

  

|       |   |  |                    |
|-------|---|--|--------------------|
| 3.120 | <b>Nonpriority creditor's name and mailing address</b><br><b>Union County Tax Collector</b><br><b>P.O. Box 38</b><br><b>Monroe, NC 28111</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>4122</u>                                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>\$31.57</b>     |
|       |   |  |                    |
| 3.121 | <b>Nonpriority creditor's name and mailing address</b><br><b>United Rentals</b><br><b>Branch 394</b><br><b>811 Post Street</b><br><b>Greensboro, NC 27405-7262</b><br><br>Date(s) debt was incurred <u>2014</u><br>Last 4 digits of account number <u>4585</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>\$42,448.85</b> |
|       |   |  |                    |
| 3.122 | <b>Nonpriority creditor's name and mailing address</b><br><b>United Welding &amp; Iron Work, LLC</b><br><b>3539 Dewitt Lane</b><br><b>Charlotte, NC 28217</b><br><br>Date(s) debt was incurred <u>04/2014 and 06/2014</u><br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>\$8,191.00</b>  |
|       |   |  |                    |
| 3.123 | <b>Nonpriority creditor's name and mailing address</b><br><b>Verizon</b><br><b>455 Duke Drive</b><br><b>Franklin, TN 37067</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>0001</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>\$1,892.98</b>  |
|       |   |  |                    |
| 3.124 | <b>Nonpriority creditor's name and mailing address</b><br><b>Vincent Cash</b><br><b>1000 King Street</b><br><b>Charleston, SC 29403</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Unknown</b>     |
|       |   |  |                    |
| 3.125 | <b>Nonpriority creditor's name and mailing address</b><br><b>Volvo Financial Services</b><br><b>P.O. Box 91300</b><br><b>Mobile, AL 36691-1300</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>2013 Volvo XC90 (VIN: YV4952CY5D1638277)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$19,594.32</b> |
|       |   |  |                    |
| 3.126 | <b>Nonpriority creditor's name and mailing address</b><br><b>Waste Connections of Carolina</b><br><b>5516 Rozzelles Ferry Road</b><br><b>Charlotte, NC 28214</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>0907</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>\$1,204.64</b>  |

| Debtor | Name   | Case number (if known)  | 16-30919           |
|--------|--|---|--------------------|
| 3.127  | <b>Nonpriority creditor's name and mailing address</b><br><b>Waste Management</b><br><b>2625 W. Grandview Road</b><br><b>Phoenix, AZ 85023</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>3478</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> _____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                        | <b>\$140.29</b>    |
| 3.128  | <b>Nonpriority creditor's name and mailing address</b><br><b>Watson Bowman Acme Corp.</b><br><b>Attn: Jeremy Juliano</b><br><b>95 Pineview Drive</b><br><b>Amherst, NY 14228</b><br>Date(s) debt was incurred <u>9/19/2014-9/26/2014</u><br>Last 4 digits of account number <u>5109</u>                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> _____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                        | <b>\$1,882.31</b>  |
| 3.129  | <b>Nonpriority creditor's name and mailing address</b><br><b>Williams Business Properties</b><br><b>624-101 Matthews Mint-Hill Road</b><br><b>Matthews, NC 28105</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Leased Business Space</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b>     |
| 3.130  | <b>Nonpriority creditor's name and mailing address</b><br><b>Wincourse Technologies</b><br><b>c/o Gerald H. Groon, Jr., Esq.</b><br><b>Smith Debnam</b><br><b>4601 Six Forks Road, Suite 400</b><br><b>Raleigh, NC 27609</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> _____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                        | <b>\$21,038.36</b> |
| 3.131  | <b>Nonpriority creditor's name and mailing address</b><br><b>Yellow Pages Directories, Inc.</b><br><b>PMB# 179</b><br><b>6 Liberty Square</b><br><b>Boston, MA 02109</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>5192</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> _____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                        | <b>\$475.95</b>    |

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

|     | Name and mailing address  | On which line in Part1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-----|---|---|---|
| 4.1 | <b>ADT Security, LLC</b><br><b>c/o Sko Brenner American</b><br><b>P.O. Box 9320</b><br><b>Baldwin, NY 11510</b>           | Line <u>3.5</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |
| 4.2 | <b>BB &amp; T Financial, FSB</b><br><b>Bankcard Service Center</b><br><b>P.O. Box 698</b><br><b>Wilson, NC 27894-0698</b> | Line <u>3.17</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |

| Debtor | Name   | Case number (if known)  | 16-30919                                |
|--------|--|---|---|
|        | Name and mailing address   | On which line in Part1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
| 4.3    | <b>BB&amp;T</b><br>200 S. College St. 2nd Floor<br>Charlotte, NC 28202                               | Line <u>3.14</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |
| 4.4    | <b>Bernhardt &amp; Strawser, P.A.</b><br>5821 Fairview Road, Suite 100<br>Charlotte, NC 28209        | Line <u>3.46</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |
| 4.5    | <b>C. Hamilton Jarrett, Esq.</b><br>Conner Gwyn Schneck, PLLC<br>P.O. Box 30933<br>Raleigh, NC 27622 | Line <u>3.88</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |
| 4.6    | <b>Caleb M. Riser, Esq.</b><br>Richardson Plowden<br>P.O. Drawer 7788<br>Columbia, SC 29202          | Line <u>3.92</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |
| 4.7    | <b>Callison Tighe</b><br>P.O. Box 1390<br>Columbia, SC 29202   | Line <u>3.98</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |
| 4.8    | <b>Capitol Materials of Savannah</b><br>305 Telfair Road<br>P.O. Box 2847<br>Savannah, GA 31402-2847 | Line <u>3.26</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |
| 4.9    | <b>Cisco, Inc.</b><br>1702 Townhurst Drive<br>Houston, TX 77043                                      | Line <u>3.58</u><br><input type="checkbox"/> Not listed. Explain _____    | <u>4000</u>                             |
| 4.10   | <b>Cisco, Inc.</b><br>P.O. Box 801088<br>Houston, TX 77280-1088                                      | Line <u>3.12</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |
| 4.11   | <b>Cisco, Inc.</b><br>1702 Townhurst Drive<br>Houston, TX 77043                                      | Line <u>3.12</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |
| 4.12   | <b>CK Supply - Columbia</b><br>738 Mauney Drive<br>Columbia, SC 29201                                | Line <u>3.74</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |
| 4.13   | <b>Client Services, Inc.</b><br>3451 Harry S. Truman Blvd.<br>Saint Charles, MO 63301-4047           | Line <u>3.111</u><br><input type="checkbox"/> Not listed. Explain _____   | —                                       |
| 4.14   | <b>D&amp;S, Ltd.</b><br>13809 Research Boulevard, Suite 800<br>Austin, TX 78750                      | Line <u>3.111</u><br><input type="checkbox"/> Not listed. Explain _____   | —                                       |
| 4.15   | <b>DeHaan &amp; Bach</b><br>25 Whitney Drive, Suite 106<br>P.O. Box 929<br>Milford, OH 45150         | Line <u>3.96</u><br><input type="checkbox"/> Not listed. Explain _____    | <u>8201</u>                             |

| Debtor | Name   | Case number (if known)   | 16-30919                                |
|--------|--|--|---|
|        | Name and mailing address   | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
| 4.16   | <b>Eastern Supply Corporation</b><br>P.O. Box 669753<br>Charlotte, NC 28266  | Line <u>3.41</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |
| 4.17   | <b>Funding Circle</b><br>P.O. Box 1719<br>Portland, OR 97207-1719  | Line <u>3.47</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |
| 4.18   | <b>Georgia Surety Company, Inc.</b><br>10710 Sikes Place, Suite 125<br>Charlotte, NC 28277   | Line <u>3.41</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |
| 4.19   | <b>Gilmore Insurance &amp; Associates</b><br>P.O. Box 1069<br>Concord, NC 28026-1069   | Line <u>3.25</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |
| 4.20   | <b>Gleissner Law Firm, LLC</b><br>1237 Gadsden Street, Suite 200A<br>Columbia, SC 29201  | Line <u>3.99</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |
| 4.21   | <b>Guaranteed Supply Company</b><br>1211 Rotherwood Road<br>Greensboro, NC 27406   | Line <u>3.54</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |
| 4.22   | <b>Hertz Equipment Rental</b><br>P.O. Box 26360<br>Oklahoma City, OK 73126-0360  | Line <u>3.59</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |
| 4.23   | <b>James L. Fretwell, Esq.</b><br>Rallings & Associates, PLLC<br>3121 Springbank Lane, Suite C<br>Charlotte, NC 28226                          | Line <u>3.58</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |
| 4.24   | <b>Master Credit Consultants, Inc.</b><br>23240 Chagrin Blvd., Suite 410<br>Cleveland, OH 44122  | Line <u>3.128</u><br><input type="checkbox"/> Not listed. Explain _____    | <u>5080</u>                             |
| 4.25   | <b>NACM South Atlantic</b><br>6290 Edgewater Drive<br>Orlando, FL 32810  | Line <u>3.88</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |
| 4.26   | <b>NC Department of Revenue</b><br>P.O. Box 25000<br>Raleigh, NC 27640-0150  | Line <u>2.2</u><br><input type="checkbox"/> Not listed. Explain _____      | —                                       |
| 4.27   | <b>Pella Window &amp; Door, LLC</b><br>c/o Caleb M. Riser<br>Richardson Plowden & Robinson, P.A.<br>1900 Barnwell Street<br>Columbia, SC 29201 | Line <u>3.92</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |
| 4.28   | <b>Rauch-Milliken International, Inc.</b><br>P.O. Box 8390<br>Metairie, LA 70011-8390  | Line <u>3.100</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |

| Debtor | <b>Salem Services Group, LLC</b><br>Name  | Case number (if known)   | <b>16-30919</b>                         |
|--------|---|--|---|
|        | Name and mailing address  | On which line in Part 1 or Part 2 is the related creditor (if any) listed?     | Last 4 digits of account number, if any |
| 4.29   | <b>Receivable Management Services</b><br>1250 E. Diehl Road, Suite 300<br>P.O. Box 3099<br>Naperville, IL 60563                                       | Line <u><b>3.97</b></u><br><input type="checkbox"/> Not listed. Explain _____  | —                                       |
| 4.30   | <b>Safway Services, LLC</b><br>N19 W24200 Riverwood Drive<br>Waukesha, WI 53188   | Line <u><b>3.101</b></u><br><input type="checkbox"/> Not listed. Explain _____ | —                                       |
| 4.31   | <b>Spider, A Division of Safeworks, LLC</b><br>365 Upland Drive<br>Tukwila, WA 98188  | Line <u><b>3.100</b></u><br><input type="checkbox"/> Not listed. Explain _____ | —                                       |
| 4.32   | <b>Steven S. McKenzie, Esq.</b><br><b>Coffey, Chandler &amp; McKenzie, P.A.</b><br>2 North Brooks Street<br>Manning, SC 29102                         | Line <u><b>3.98</b></u><br><input type="checkbox"/> Not listed. Explain _____  | —                                       |
| 4.33   | <b>Tammy L. Schatzel-Gordon</b><br>14521 Phillips Road<br>Matthews, NC 28105-4022   | Line <u><b>3.112</b></u><br><input type="checkbox"/> Not listed. Explain _____ | —                                       |
| 4.34   | <b>TeamCraft Roofing, Inc.</b><br>c/o Ronnie D. Crisco, Jr., Esq.<br>Homesley & Wingo Law Group PLLC<br>30 South Main Street<br>Mooresville, NC 28115 | Line <u><b>3.113</b></u><br><input type="checkbox"/> Not listed. Explain _____ | —                                       |
| 4.35   | <b>The Law Offices of Mark A. Kirkorsky</b><br>Attn: Kevin Skaff, Executive Acct Mgr<br>1119 W. Southern Avenue, 2nd Floor<br>Mesa, AZ 85210          | Line <u><b>3.121</b></u><br><input type="checkbox"/> Not listed. Explain _____ | —                                       |
| 4.36   | <b>The Regional Medical Center</b><br>c/o Liza Porterfield, CFO<br>3000 St. Matthews Road<br>Orangeburg, SC 29118                                     | Line <u><b>3.41</b></u><br><input type="checkbox"/> Not listed. Explain _____  | —                                       |
| 4.37   | <b>Transworld Systems, Inc.</b><br>P.O. Box 17221<br>Wilmington, DE 19850   | Line <u><b>3.27</b></u><br><input type="checkbox"/> Not listed. Explain _____  | —                                       |
| 4.38   | <b>Union County Tax Administrator</b><br>Attn: Revenue Division<br>500 N. Main Street, Suite 119<br>Monroe, NC 28112                                  | Line <u><b>3.120</b></u><br><input type="checkbox"/> Not listed. Explain _____ | —                                       |
| 4.39   | <b>VeriCore</b><br>10115 Kincey Avenue, Suite 100<br>Huntersville, NC 28078   | Line <u><b>3.130</b></u><br><input type="checkbox"/> Not listed. Explain _____ | <u><b>0078</b></u>                      |
| 4.40   | <b>Verizon</b><br>P.O. Box 25505<br>Lehigh Valley, PA 18002-5505  | Line <u><b>3.123</b></u><br><input type="checkbox"/> Not listed. Explain _____ | —                                       |

| Debtor | Name   | Case number (if known)   | 16-30919                                |
|--------|--|--|---|
|        | Name and mailing address   | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
| 4.41   | W. Donald Morgan, Jr.<br>Don Morgan, P.C.<br>P.O. Box 2056<br>Columbus, GA 31902   | Line <u>3.115</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |
| 4.42   | Wagner, Falconer & Judd, LTd.<br>Attn: Daniel J. Reich, Esq.<br>325 N. Corporate Drive, Suite 100<br>Brookfield, WI 53045-5828 | Line <u>3.101</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |
| 4.43   | Westchester Fire Insurance Company<br>Attn: Stephen M. Haney<br>436 Walnut Street WA10F<br>Philadelphia, PA 19106              | Line <u>3.41</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

| Total of claim amounts |                        |
|------------------------|------------------------|
| 5a.                    | \$ <u>4,697.26</u>     |
| 5b. +                  | \$ <u>1,284,237.43</u> |
| 5c.                    | \$ <u>1,288,934.69</u> |

Fill in this information to identify the case:

Debtor name **Salem Services Group, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) **16-30919**

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal*

Property

(Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

**Sub-lease of office space located at 624-B Matthews-Mint Hill Road, Matthews, NC**

State the term remaining

List the contract number of any government contract

**Combine Basketball  
624-B Matthews-Mint Hill Road  
Matthews, NC 28105**

2.2. State what the contract or lease is for and the nature of the debtor's interest

**Preventative maintenance contract for HVAC**

State the term remaining

**Unknown**

List the contract number of any government contract

**DesignConditions  
P.O. Box 431  
Indian Trail, NC 28079-0410**

2.3. State what the contract or lease is for and the nature of the debtor's interest

**Lease of Sage software**

State the term remaining

**Unknown**

List the contract number of any government contract

**EverBank Commercial Finance, Inc.  
P.O. Box 911608  
Denver, CO 80291-1608**

2.4. State what the contract or lease is for and the nature of the debtor's interest

**Station I IH**

State the term remaining

List the contract number of any government contract

**Holliday Vacations, Inc.  
2002 Eastwood Road #106  
Wilmington, NC 28403**



Debtor 1 **Salem Services Group, LLC**Case number (if known) **16-30919**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

**Commercial lease for property located at 3931 Mega Drive, Unit 10, Myrtle Beach, SC 29588**

State the term remaining

List the contract number of any government contract

**JEBS Development, LLC  
P.O. Box 348  
Murrells Inlet, SC 29576**

2.6. State what the contract or lease is for and the nature of the debtor's interest

**Commercial lease for property located at 2487 Ashley River Road, Suite 21, Charleston, NC 29414**

State the term remaining

List the contract number of any government contract

**Latitude 33 Investments, LLC  
High Seas Properties, Inc.  
1030 Jenkins Road, Suite C  
Charleston, SC 29407**

2.7. State what the contract or lease is for and the nature of the debtor's interest

**Phone System - Debtor to Reject**

State the term remaining

**48 months**

List the contract number of any government contract

**Marlin Business Bank  
P.O. Box 637  
Mount Laurel, NJ 08054**

2.8. State what the contract or lease is for and the nature of the debtor's interest

**Rented containers - Debtor to reject**

State the term remaining

**Unknown**

List the contract number of any government contract

**Mobile Mini, Inc.  
4646 E. Van Buren, 4th Floor  
Phoenix, AZ 85008**

2.9. State what the contract or lease is for and the nature of the debtor's interest

**Service of Kyocera Copier**

State the term remaining

**Unknown**

List the contract number of any government contract

**Technocom  
3330 Monroe Road  
Charlotte, NC 28205**

2.10. State what the contract or lease is for and the nature of the debtor's interest

**Contract for waste removal services**

State the term remaining

**Unknown****Waste Connections of Carolina  
5516 Rozzelles Ferry Road  
Charlotte, NC 28214**

Debtor 1 **Salem Services Group, LLC**

First Name

Middle Name

Last Name

Case number (if known) **16-30919**

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract \_\_\_\_\_

- 2.11. State what the contract or lease is for and the nature of the debtor's interest **Copier lease - Debtor to Reject**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Wells Fargo**

- 2.12. State what the contract or lease is for and the nature of the debtor's interest **Commercial lease for property located at 624 Matthews-Mint Hill Road, Suite A, Matthews, NC 28105**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Williams Business Properties, LLC  
624-101 Matthews-Mint Hill Road  
Matthews, NC 28105**

Fill in this information to identify the case:

Debtor name **Salem Services Group, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) **16-30919**

☐ Check if this is an amended filing

# Official Form 206H

## Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Gary Moore**

**9417 White Dove Court  
Charlotte, NC 28277-9021**

**Marlin Business  
Bank**

☒ D **2.7**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.2 **Matt Moore**

**Latitude 33  
Investments, LLC**

☐ D \_\_\_\_\_  
☒ E/F **3.75**  
☐ G \_\_\_\_\_

2.3 **Michael Moore**

**624-A Matthews Mint-Hill Road  
Matthews, NC 28105**

**JEBS Development,  
LLC**

☐ D \_\_\_\_\_  
☒ E/F **3.70**  
☐ G \_\_\_\_\_

2.4 **Matthew W.  
Moore**

**8120 Park Vista Circle  
Charlotte, NC 28226**

**Latitude 33  
Investments, LLC**

☐ D \_\_\_\_\_  
☐ E/F \_\_\_\_\_  
☒ G **2.7**

2.5 **Mike Moore**

**14124 Maple Hollow Lane  
Charlotte, NC 28227**

**JEBS Development,  
LLC**

☐ D \_\_\_\_\_  
☐ E/F \_\_\_\_\_  
☒ G **2.2**

**Fill in this information to identify the case:**

Debtor name Salem Services Group, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA

Case number (if known) 16-30919

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**From the beginning of the fiscal year to filing date:**  
From 1/01/2016 to Filing Date

**Sources of revenue**  
Check all that apply

☒ Operating a business  
**2013 Gross Income from operation of business**

**Gross revenue**  
(before deductions and exclusions)

Unknown

**For prior year:**  
From 1/01/2015 to 12/31/2015

☒ Operating a business  
**2014 Gross Income from operation of business**

Unknown

**For year before that:**  
From 1/01/2014 to 12/31/2014

☒ Operating a business  
**2015 Year to Date Gross Income from operation of business**

\$8,273,025.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

Debtor **Salem Services Group, LLC**Case number (if known) **16-30919**☐ None.

| Creditor's Name and Address  | Dates | Total amount of value | Reasons for payment or transfer<br><i>Check all that apply</i>  |
|--|-------|-----------------------|---|
| 3.1. <b>Safway Services, LLC</b><br><b>3325 Hill Park Drive</b><br><b>North Charleston, SC 29418</b>   |       | <b>Unknown</b>        | <input type="checkbox"/> Secured debt<br><input type="checkbox"/> Unsecured loan repayments<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Services<br><input checked="" type="checkbox"/> Other <b>Judgment creditor</b>   |
| 3.2. <b>Kenseal Construction Products of the Carolinas, LLC</b><br><b>c/o Vann Attorneys, PLLC</b><br><b>1720 Hillsborough Street, Suite 200</b><br><b>Raleigh, NC 27605</b> |       | <b>\$2,500.00</b>     | <input type="checkbox"/> Secured debt<br><input type="checkbox"/> Unsecured loan repayments<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Services<br><input type="checkbox"/> Other__                                     |
| 3.3. <b>Williams Business Properties, LLC</b><br><b>624-101 Matthews-Mint Hill Road</b><br><b>Matthews, NC 28105</b>   |       | <b>\$3,900.00</b>     | <input type="checkbox"/> Secured debt<br><input type="checkbox"/> Unsecured loan repayments<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Services<br><input checked="" type="checkbox"/> Other <b>Leased office space</b> |

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

| Insider's name and address<br>Relationship to debtor   | Dates           | Total amount of value | Reasons for payment or transfer  |
|--|-----------------|-----------------------|----------------------------------|
| 4.1. <b>Gary W. Moore</b><br><b>9417 White Dove Court</b><br><b>Charlotte, NC 28277</b><br><b>Principal</b>                    | <b>Multiple</b> | <b>Unknown</b>        | <b>Reimbursement of expenses</b> |
| 4.2. <b>Matthew W. Moore</b><br><b>8120 Park Vista Circle</b><br><b>Charlotte, NC 28226</b><br><b>Employee/Principal's son</b> | <b>Multiple</b> | <b>Unknown</b>        | <b>Reimbursement of expenses</b> |

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None.

| Creditor's name and address  | Describe of the Property  | Date                                   | Value of property |
|--|---|--|-------------------|
| <b>Ally</b><br><b>P.O. Box 380902</b><br><b>Minneapolis, MN 55438-0902</b> | <b>2008 Chevy Silverado (VIN#:</b><br><b>1GBJK33608F184854)</b> | <b>Around April</b><br><b>27, 2016</b> | <b>Unknown</b>    |

Debtor **Salem Services Group, LLC**Case number (if known) **16-30919**

| Creditor's name and address                           | Describe of the Property                         | Date                 | Value of property |
|---|--|----------------------|-------------------|
| Ally<br>P.O. Box 380902<br>Bloomington, MN 55438-0902 | 2008 Chevy Silverado (VIN#: 3GCEC13C08G239175)   | About April 26, 2016 | Unknown           |
| Coastal Federal Credit Union                          | 2005 Ford Econoline Van (VIN: 1FBSS31P35HA16741) | 2016                 | \$5,500.00        |

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|---|-----------------------|--------|
|-----------------------------|---|-----------------------|--------|

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

|      | Case title<br>Case number  | Nature of case                               | Court or agency's name and address        | Status of case  |
|------|--|--|---|---|
| 7.1. | Safway Services, LLC vs. Salem Services Group, LLC<br>2015-CV-001149   | Collection                                   | State of Wisconsin Circuit Court, Waukes  | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded            |
| 7.2. | Safway Services, LLC vs. Salem Services Group, LLC<br>16-CVS-3693  | Collection                                   | Mecklenburg County Superior Court         | <input checked="" type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| 7.3. | Kenseal Construction Products of Carolinas, LLC vs. Salem Services Group<br>16-CVS-7318  | Collection - Judgment entered April 26, 2016 | Mecklenburg County Superior Court         | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input checked="" type="checkbox"/> Concluded |
| 7.4. | Kenseal Construction Products of Carolinas, LLC vs. Salem Services Group, LLC<br>15-CVS-6817   | Collections                                  | Wake County Superior Court                | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input checked="" type="checkbox"/> Concluded |
| 7.5. | NC Department of Commerce Division of Employment Security - Appeals Section; Appeals Docket No.: CII-A-05875 In the matter of: Salem Services Group, LLC (Employer) and Tammy Schatzel-Gordon (Claimant) CII-A-05875 | Claim for unemployment benefits              | NC Department of Commerce Division of Emp | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded            |
| 7.6. | New South Supply, LLC vs. Salem Services Group, LLC<br>15-CVM-16159  | Collection                                   | Mecklenburg County General Court of Just  | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input checked="" type="checkbox"/> Concluded |

Debtor **Salem Services Group, LLC**Case number (if known) **16-30919**

|      | Case title<br>Case number  | Nature of case | Court or agency's name and address   | Status of case  |
|------|--|----------------|--------------------------------------|---|
| 7.7. | RCE, LLC d/b/a Richbourg's Rentals; Case No.: 2015 CP 21 1268<br>2015 CP 21 1268           | Collection     | South Carolina Court of Common Pleas | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input checked="" type="checkbox"/> Concluded |
| 7.8. | Fleetcor Technologies Operating Company, LLC vs. Salem Services Group, LLC<br>15-CVD-19211 | Collections    | Mecklenburg County District Court    | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input checked="" type="checkbox"/> Concluded |

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------------------------------|---|-------------|-------|
|------------------------------|---|-------------|-------|

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss<br><br>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.<br><br>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | Dates of loss | Value of property lost |
|--|---|---------------|------------------------|
| 2006 Chevrolet Dually                                      | Claim ending in 4659 filed with EMC Insurance   | 03/2016       | \$0.00                 |

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **Salem Services Group, LLC**Case number (if known) **16-30919**

|       | Who was paid or who received the transfer?<br>Address   | If not money, describe any property transferred   | Dates                                  | Total amount or value |
|-------|---|---|--|-----------------------|
| 11.1. | David R. Badger, P.A.<br>2108 South Boulevard<br>Suite 118, Atherton Lofts<br>Charlotte, NC 28203 | \$10,000.00 retainer for workout/Chapter 7<br>bankruptcy 03/30/2014<br>\$2,750.00 paid 02/26/2015<br>\$3,014.25 paid 06/02/2016 | 03/30/2014<br>02/26/2015<br>06/02/2016 | \$15,764.25           |

Email or website address

Who made the payment, if not debtor?

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
|-------------------------|-----------------------------------|---------------------------|-----------------------|

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

|      | Who received transfer?<br>Address | Description of property transferred or payments received or debts paid in exchange          | Date transfer was made | Total amount or value |
|------|-----------------------------------|---|------------------------|-----------------------|
| 13.1 | Unknown                           | 2013 Volvo XC90 (VIN: YV4952CY5D1638277); Lien to Volvo Financial of approximately \$19,500 | 2015                   | Unknown               |

Relationship to debtor

|      |            |  |                         |            |
|------|------------|--|-------------------------|------------|
| 13.2 | Gary Moore | 1999 Ford F-250 (VIN: 1FTMX20F2XEE28652); previously titled in the name of Elyse Marie Moore and Michael Ryan Moore and used for business purposes | Late 2014 or early 2015 | \$3,000.00 |
|------|------------|--|-------------------------|------------|

Relationship to debtor  
Managing Member

|      |         |  |         |            |
|------|---------|--|---------|------------|
| 13.3 | Unknown | 2008 Ford E Series Van (VIN: 1FTNE24W08DA62956). Titled in the name of Salem Services Group. | Unknown | \$3,600.00 |
|------|---------|--|---------|------------|

Relationship to debtor

|      |         |   |         |            |
|------|---------|---|---------|------------|
| 13.4 | Unknown | 2007 Chevrolet Silverado 2500 (VIN: 1CGHC23K87F563923). Titled in the name of Salem Contracting, Inc. | Unknown | \$1,800.00 |
|------|---------|---|---------|------------|

Relationship to debtor



Debtor **Salem Services Group, LLC**Case number (if known) **16-30919**

|      | Who received transfer?<br>Address | Description of property transferred or<br>payments received or debts paid in exchange | Date transfer<br>was made | Total amount or<br>value |
|------|-----------------------------------|---|---------------------------|--------------------------|
| 13.5 | Unknown                           | 1998 Ford Ranger (VIN:<br>1FTYR10UoWC38264)   | 2015                      | \$1,200.00               |
|      | Relationship to debtor            |   |                           |                          |

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

| Address | Dates of occupancy<br>From-To |
|---------|-------------------------------|
|---------|-------------------------------|

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

| Facility name and address | Nature of the business operation, including type of services<br>the debtor provides | If debtor provides meals<br>and housing, number of<br>patients in debtor's care |
|---------------------------|---|---|
|---------------------------|---|---|

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

| Financial Institution name and<br>Address | Last 4 digits of<br>account number | Type of account or<br>instrument | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |
|---|------------------------------------|----------------------------------|---|---|
|---|------------------------------------|----------------------------------|---|---|

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor **Salem Services Group, LLC**Case number (if known) **16-30919**☒ None

| Depository institution name and address | Names of anyone with access to it<br>Address | Description of the contents | Do you still have it? |
|---|--|-----------------------------|-----------------------|
|---|--|-----------------------------|-----------------------|

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

| Facility name and address | Names of anyone with access to it | Description of the contents | Do you still have it? |
|---------------------------|-----------------------------------|-----------------------------|-----------------------|
|---------------------------|-----------------------------------|-----------------------------|-----------------------|

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

| Owner's name and address   | Location of the property             | Describe the property  | Value             |
|--|--------------------------------------|--|-------------------|
| <b>Combine Basketball<br/>624-B Matthews-Mint Hill Road<br/>Matthews, NC 28105</b> | <b>Salem Services Group,<br/>LLC</b> | <b>Security deposit in the<br/>amount of \$2,500.00 for<br/>sub-lease of office space at<br/>624-B Matthews-Mint Hill<br/>Road</b> | <b>\$2,500.00</b> |

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

| Case title<br>Case number | Court or agency name and address | Nature of the case | Status of case |
|---------------------------|----------------------------------|--------------------|----------------|
|---------------------------|----------------------------------|--------------------|----------------|

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|
|-----------------------|------------------------------------|-----------------------------|----------------|

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

Debtor **Salem Services Group, LLC**Case number (if known) **16-30919**

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer identification number

Do not include Social Security number or ITIN.

Dates business existed

25.1. **Salem Services Group, LLC**  
**624 Matthews-Mint Hill Road,**  
**Suite A**  
**Matthews, NC 28105**

**General Contractor/Building**  
**Restoration**

EIN: **45-3563447**From-To **05/07/2010 - 04/2016****26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service

From-To

26a.1. **Davies, Goldstein & Associates CPAs**  
**P.O. Box 156**  
**Matthews, NC 28105**

**2011 - Present**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address

If any books of account and records are  
 unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Internal Revenue Service**  
**Attn.: Insolvency Unit**  
**P.O. Box 21126**  
**Philadelphia, PA 19114-0326**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
- ☐ Yes. Give the details about the two most recent inventories.

Debtor **Salem Services Group, LLC**Case number (if known) **16-30919**

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name          | Address                                      | Position and nature of any interest | % of interest, if any |
|---------------|--|-------------------------------------|-----------------------|
| Gary W. Moore | 9417 White Dove Court<br>Charlotte, NC 28277 | Managing Member                     | 100%                  |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

| Name and address of recipient                                      | Amount of money or description and value of property | Dates  | Reason for providing the value |
|--|--|--------|--------------------------------|
| 30.1 Gary W. Moore<br>9417 White Dove Court<br>Charlotte, NC 28277 | \$1,442.31 weekly                                    | Weekly | Salary                         |
| Relationship to debtor<br>Managing Member                          |  |        |                                |

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Debtor **Salem Services Group, LLC**Case number (if known) **16-30919****Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 30, 2016**

**/s/ Gary Moore**

Signature of individual signing on behalf of the debtor

**Gary Moore**

Printed name

Position or relationship to debtor **Managing Member**

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**Western District of North Carolina**

In re **Salem Services Group, LLC**

Debtor(s)

Case No. **16-30919**

Chapter **7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|   |    |                  |
|---|----|------------------|
| For legal services, I have agreed to accept .....           | \$ | <b>10,000.00</b> |
| Prior to the filing of this statement I have received ..... | \$ | <b>10,000.00</b> |
| Balance Due .....   | \$ | <b>0.00</b>      |

2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:  
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:  
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;  
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  
d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;  
e. [Other provisions as needed]  
**The above legal services are limited by the terms of the fee contract.**
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
**Services/Fees over the contract post petition.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**June 30, 2016**

*Date*

**/s/ David R. Badger**

**David R. Badger 156**

*Signature of Attorney*

**David R. Badger, P.A.**

**2108 South Boulevard**

**Suite 118, Atherton Lofts**

**Charlotte, NC 28203**

**(704) 375-8875 Fax: (704) 375-8835**

*Name of law firm*